



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

230 SOUTH DEARBORN ST.

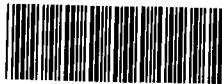
CHICAGO, ILLINOIS 60604

REPLY TO THE ATTENTION OF:

5HE-12

APR 24 1987

US EPA RECORDS CENTER REGION 5



1004598

Mr. Keith Fry
BASF Wyandotte Corp.
1609 Biddle Ave.
Wyandotte, MI 48192

EPA ID Number: MID-064-197-742

Re: Requirements for Generators,
Marketers and Burners of
Hazardous Waste and Used
Oil Fuels

Dear Mr. Fry:

This letter acknowledges that the United States Environmental Protection Agency (U.S. EPA) has received your Notification of Hazardous Waste Activity as required by the new Waste-As-Fuel regulations. These regulations were published in the November 29, 1985, Federal Register and apply to persons who generate, market, transport, or burn hazardous waste fuel or used oil fuel.

The following information highlights the administrative requirements for persons subject to the current Waste-As-Fuel regulations promulgated on November 29, 1985, in 40 CFR (Code of Federal Regulations) Part 266, Subparts D and E.

GENERATORS

Persons Generating Hazardous Waste Fuel. Generators that send their hazardous waste to a hazardous waste fuel marketer are subject to the 40 CFR Part 262 generator standards [see 40 CFR 266.32(a)]. Generators that market their hazardous waste fuel directly to burners are subject to both the 40 CFR Part 262 standards and the hazardous waste fuel marketer requirements [see 40 CFR 266.32(b)]. Generators that are burners are also subject to 40 CFR 266.35.

Persons Generating Used Oil Fuel. Used oil generators are exempt from the current Waste-As-Fuel regulations unless they: (1) market off-specification used oil fuel directly to a burner, or (2) burn off-specification used oil for energy recovery. Generators marketing directly to a burner are subject to 40 CFR 266.43. Generators burning off-specification used oil fuel are subject to 40 CFR 266.44.

MARKETERS

Persons Marketing Hazardous Waste Fuel. Persons who market hazardous waste fuel include the following: (1) generators marketing hazardous waste fuel directly to a burner, (2) persons who receive hazardous waste from generators and produce, process, or blend hazardous waste fuel, and (3) persons who distribute but do not process or blend hazardous waste fuel. Hazardous waste fuel marketers are required to have notified U.S. EPA of their hazardous waste fuel activities, have a U.S. EPA Identification Number, and market only to persons who have notified U.S. EPA and who burn the fuel only in industrial furnaces, industrial boilers, or utility boilers. These marketers are also required to comply with manifest requirements, certification of compliance with burning standards, recordkeeping requirements, and storage standards [see 40 CFR 266.34].

Persons Marketing Used Oil Fuel. 40 CFR 266.43 describes to whom the regulations for used oil marketing apply. The same requirements for persons marketing hazardous waste fuel apply to off-specification used oil fuel marketers, except for the manifest and storage requirements [see 40 CFR 266.43].

TRANSPORTERS

Persons Transporting Hazardous Waste Fuel. Persons who transport hazardous waste fuel are subject to the 40 CFR Part 263 standards for hazardous waste transporters. These persons are required to notify U.S. EPA of their Waste-As-Fuel activities. However, they are not required to renotify U.S. EPA of their hazardous waste transportation activities if they have already done so.

Persons Transporting Used Oil Fuel. Persons who transport used oil fuel, both on-specification and off-specification, are currently exempt from the Waste-As-Fuel regulations.


BURNERS

Persons Burning Hazardous Waste Fuel. Owners and Operators of industrial furnaces, industrial boilers and utility boilers that burn hazardous waste fuel are subject to the following: (1) notification to U.S. EPA of hazardous waste fuel activities, (2) manifest requirements, (3) certification with burner standards, (4) recordkeeping requirements, and (5) storage standards. Burners must also comply with the prohibitions on use in non-industrial boilers [see 40 CFR 266.35].

Persons Burning Used Oil Fuel. Owners and Operators of industrial furnaces, industrial boilers and utility boilers are subject to the same requirements as Hazardous Waste Fuel Burners except for the manifest and storage standards [see 40 CFR 266.44].

If you have any questions concerning this letter or the Waste-As-Fuel regulations, please contact either Ms. Shirlee Brauer at (312) 886-4591, or Ms. Laura Lodisio at (312) 886-7090 or the RCRA/Superfund Hotline at (800) 424-9436.

Sincerely,


Basil G. Constantelos, Director
Waste Management Division

Enclosure

5HS-13

JAN 10 1986

CERTIFIED MAIL

P 611 589 390

RETURN RECEIPT REQUESTED

Mr. Keith Fry
Director, Corporate Environmental Protection
BASF Wyandotte Corporation
100 Cherry Hill Road
P.O. Box 181
Parsippany, New Jersey 07054

RE: Corrective Action Requirements
BASF Wyandotte Corporation
Wyandotte Works
Wyandotte, Michigan
MID 064 197 742

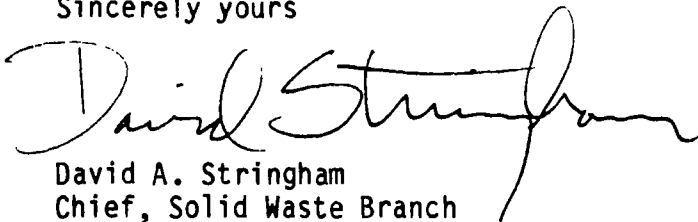
Dear Mr. Fry

As you know, you have previously submitted Part A of the Resource Conservation and Recovery Act (RCRA) permit application for the above-referenced facility. Timely submission of "the Part A" has allowed most hazardous waste management facilities to continue to operate under RCRA "interim status", while complying with applicable 40 CFR Part 265 standards.

On November 8, 1984, the Hazardous and Solid Waste Amendments of 1984 (the 1984 Amendments) were enacted to modify RCRA. Under the 1984 Amendments, all RCRA permits issued after the date of enactment must provide for corrective action for all releases of hazardous waste or hazardous waste constituents from any solid waste management unit, regardless of the time at which waste was placed in the unit. In addition, all interim status facilities are subject to corrective action requirements, regardless of whether they have 1) submitted a Part B application, 2) submitted a closure plan, 3) reverted to generator status only, 4) actually closed, or 5) none of these. Unless our Agency has formally terminated the facility's interim status, the corrective action requirements apply. Please note that both hazardous and non-hazardous waste can meet the definition of solid waste under 40 CFR 261.2.

We must determine whether releases of hazardous waste or hazardous waste constituents have ever occurred at the above-referenced facility site. If they have, we must ensure that corrective actions either have been taken or will be taken to eliminate threats to public health or the environment. An important element in our decision process is the information that you provide on the enclosed certification statement. Please read it carefully and either sign it and return it, or return it unsigned with a cover letter of explanation, within 45 days of the date of this letter. At some point in time, public input will be sought to either confirm or deny information you provide, or information we gather on our own, concerning releases and corrective actions.

Sincerely yours



David A. Stringham
Chief, Solid Waste Branch

Enclosure

	WP.	WEL	L	IL	IL	WEL/PH	WEL	TPS	WWS	WWS
	CHIEF	CHIEF	CHIEF	CHIEF	CHIEF	CHIEF	CHIEF	CHIEF	CHIEF	CHIEF
DATE	1-10-86				1-10-85					

BASF Wyandotte Corporation

BASF

100 Cherry Hill Road
P.O. Box 181
Parsippany, N.J. 07054
201/263-5280

Keith Fry
Director
Corporate Environmental Protection

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
P35 1210963

RECEIVED December 23, 1985

DEC 30 1985

U.S. EPA Region V ^{SWD - HIS} **U.S. EPA, REGION V**
Hazardous Waste Management
Permits Administration
230 South Dearborn Street
Chicago, Illinois 60604

RECEIVED
DEC 27 1985
SOLID WASTE BRANCH
U.S. EPA, REGION V

Gentlemen:

Effective January 1, 1986, BASF Wyandotte Corporation will be merged into BASF Inmont Corporation, and simultaneously the name of the surviving corporation will be changed to BASF Corporation. This merger will not affect the ultimate ownership or operational control of BASF Wyandotte Corporation's Wyandotte Works, 1609 Biddle Avenue, Wyandotte, Michigan, EPA ID Number MID064197742, **G.TSD, PA**

You are hereby requested to transfer all authorizations granted to this BASF Wyandotte Corporation facility to BASF Corporation. Also enclosed is a modified Hazardous Waste Activity Notification, which is submitted as a minor modification to the document previously filed to reflect this corporate name change.

Please direct any questions concerning this correspondence to the attention of Mr. Art Gillen at the above address.

Very truly yours,


Keith Fry

/cir
AG-2/JOB35-21

cc: A. D. Gillen
H. D. Roush
J. Saunders (2)

BASF Wyandotte Corporation



Wyandotte, Michigan 48192
313 282-3300

C. W. Axce
General Manager
Wyandotte Works

RECEIVED

DEC 10 1985

November 27, 1985

United States Environmental Protection Agency
230 South Dearborn Street
Chicago, Ill 60604

U.S. EPA, REGION V

SOLID WASTE BRANCH
U.S. EPA REGION V

Gentleman:

Re: Notice of Merger and Name Change

BASF Wyandotte Corporation
1609 Biddle Ave
Wyandotte, Michigan 48192

MID064197742 G TSD PA

Effective December 31, 1985, BASF Wyandotte Corporation will be merged into BASF Inmont Corporation and simultaneously the name of the surviving corporation will be changed to BASF Corporation. BASF Corporation will be the owner and/or operator of the reference facility and will be responsible for compliance with the permits issued by your agency. A specific list of affected permits and pending applications will be provided prior to December 31, 1985.

I am now an official of BASF Wyandotte Corporation and will be an official of BASF Corporation.

Yours very truly,

C. W. Axce

1a

RECEIVED
DEC 04 1985

U.S. EPA, REGION V
WASTE MANAGEMENT DIVISION
OFFICE OF THE DIRECTOR

BASF Wyandotte Corporation



100 Cherry Hill Road
P.O. Box 181
Parsippany, N.J. 07054
201/263-5280

Keith Fry
Director
Corporate Environmental Protection

Certified Mail
P35 1210916
Return Receipt Requested

September 5, 1984

Ms. L. Pierard
US EPA - Region V
Hazardous Waste Management Branch (5HW-13)
230 South Dearborn Street
Chicago, IL 60604

RECEIVED

SEP 11 1984

**WMD-RAIU
EPA, REGION V**

Re: Request for Information - Treatment by Incineration

Dear Ms. Pierard:

The following is provided in response to your request for information dated 20 August 1984, concerning BASF Wyandotte Corporation's (MID064197742) *G, TSD, PA* Part A Hazardous Waste Permit Application.

On June 25, 1981, BASF Wyandotte Corporation amended the hazardous waste permit application for our Wyandotte, Michigan facility. The submittal contained a complete amended application and listed an incinerator with the design capacity to process 0.1125 tons per day of hazardous waste. This liquid incinerator was constructed in 1974/75, and was approved for operation in accordance with Wayne County Air Pollution Control Regulations, as amended November 5, 1975. Shortly after start-up, the unit experienced significant difficulties and was temporarily left idle. It was added to our June 1981 hazardous waste permit application in the event the unit was recommissioned. It was, however, subsequently decided in 1982 to permanently decommission and dismantle the unit. Dismantling was completed in December 1982.

The incinerator has not operated since November 19, 1980, and has never treated regulated hazardous waste. BASF Wyandotte Corporation, therefore, requests that by receipt of this letter EPA amend our current hazardous waste permit application by deleting reference to this unit on Form 3, Parts III and IV. BASF Wyandotte Corporation will similarly amend our files.

Very truly yours,

BASF WYANDOTTE CORPORATION

Keith Fry, Director
Corporate Environmental Protection

ADG/ja
cc: HD Roush



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF
5HW-13

AUG 20 1984

R. E. Dunn, Secretary
BASF Wyandotte Corporation
100 Cherry Hill Road
P. O. Box 181
Parsippany, New Jersey 07054

RE: Request for Information--Part A Hazardous
Waste Permit Application Review
(Treatment by Incineration)

FACILITY NAME: BASF Wyandotte Corporation
U.S. EPA ID NO.: MID064197742

Dear Mr. Dunn:

This letter serves to inform you that the United States Environmental Protection Agency has completed a review of your Part A Hazardous Waste Permit Application. Our review indicates your facility may be required to comply with the incinerator regulations under §3005 of the Resource Conservation and Recovery Act, as amended; however, further clarification is needed.

Based on the information submitted, your facility appears to treat hazardous waste in an incinerator. If it does, you must comply with the incinerator requirements as defined in 40 CFR Part 265 Subpart O (enclosed). If you determine that your facility does not treat hazardous waste in an incinerator, please submit a revised Part A and a detailed explanation of all changes made to the Regional Office indicating your present methods of hazardous waste treatment, storage, or disposal. Unless we receive a reply within 15 days, we will assume that your facility treats hazardous waste in an incinerator and is subject to all permitting requirements.

Please be advised that if at any time since November 19, 1980, your operation included the treatment of hazardous waste in an incinerator subject to 40 CFR Part 265, a closure plan must be filed with the Regional office. Requirements for closure are found in 40 CFR Part 265 Subpart G (enclosed).

Please contact the Regulatory Analysis and Information Unit at (312) 886-6148 for assistance, if you have any questions. Please refer to "Request for Information--Treatment by Incineration," in all correspondence on this matter.

Sincerely yours,

for Elmore Christenson

Elmore Christenson, Chief
State Programs and Information Section

Enclosures

cc: Keith Fry, Director of Corporate Env. Prot.

P. E. Dunn, Secretary
BASF Wyandotte Corporation
100 Cherry Hill Rd
P.O. Box 181
Parsippany, New Jersey 07054

58W-13

RE: Request for Information--Part A Hazardous
Waste Permit Application Review
(Treatment by Incineration)

FACILITY NAME: BASF Wyandotte Corporation
U.S. EPA ID NO.: M1D064 197742

Dear Mr. Dunn,

This letter serves to inform you that the United States Environmental Protection Agency has completed a review of your Part A Hazardous Waste Permit Application. Our review indicates your facility may be required to comply with the incinerator regulations under §3005 of the Resource Conservation and Recovery Act, as amended; however, further clarification is needed.

Based on the information submitted, your facility appears to treat hazardous waste in an incinerator. If it does, you must comply with the incinerator requirements as defined in 40 CFR Part 265 Subpart O (enclosed). If you determine that your facility does not treat hazardous waste in an incinerator, please submit a revised Part A and a detailed explanation of all changes made to the Regional Office indicating your present methods of hazardous waste treatment, storage, or disposal. Unless we receive a reply within 15 days, we will assume that your facility treats hazardous waste in an incinerator and is subject to all permitting requirements.

Please be advised that if at any time since November 19, 1980, your operation included the treatment of hazardous waste in an incinerator subject to 40 CFR Part 265, a closure plan must be filed with the Regional office. Requirements for closure are found in 40 CFR Part 265 Subpart G (enclosed).

Please contact the Regulatory Analysis and Information Unit at (312) 886-6148 for assistance, if you have any questions. Please refer to "Request for Information--Treatment by Incineration," in all correspondence on this matter.

Sincerely yours,

Elmore Christenson, Chief
State Programs and Information Section

Enclosures

cc Keith Fry, Director of Corporate
Environmental Protection
BASF Wyandotte Corporation
1609 Biddle Avenue
Wyandotte, Michigan
48192

BASF Wyandotte Corporation

BASF



Wyandotte, Michigan 48192
313 282-3300

Telex: 0230-647 (BASFWYANA WYTE)
TWX: 810-231-5750 (BASFWYAN)

April 26, 1982

Office of International Activities
A 106
U. S. Environmental Protection Admin.
Washington, DC 20460

Dear Sir:

The purpose of this letter is to notify the USEPA that BASF Wyandotte Corporation (BWC) located at 1609 Biddle Avenue, Wyandotte, Michigan 48192, having the assigned Generator's Site EPA I.D. Number MID 064197742, intends to contract Marine Pollution Control, Inc., EPA I.D. No. MID 049277718 to routinely wastehaul flammable liquid wastes containing Acrylonitrile and the characteristics D001 and D003 from BWC through the port of departure at Port Huron, Michigan to Tricil Sarnia Ltd., Rural Route 1, Corrunna, Ontario N0N1G0.

If any questions arise, please do not hesitate to contact me.

Very truly yours,

H. D. Roush
Manager
Environmental Protection

HDR/mh

bc: KKoneval, Parsip.

4/1/82
Copy
Encl. to
MDNR

WASTE DISPOSAL MANIFEST

☒ Act 64 Waste (HAZARDOUS)☐ Act 136 Waste☐ Other

MI 01:

Generator's Name East Wyandotte Corporation	Primary Transporter's Name Marine Pollution Control	Treatment, Storage or Disposal Facility TRICIL
Site Address 1609 Middle Avenue Wyandotte, Michigan 48192	Transporter's Address 8631 W. Jefferson Avenue Detroit, Michigan 48209	Facility Address R.R. #1 Corvallis, Ontario
Phone Number (313) 282-3300 EXT 7329	Phone Number (313) 849-2333	Phone Number (519) 864-1021
Generator's Site EPA I.D. Number MI D 06 41 9 7 24 2	Transporter's EPA I.D. Number MI D 06 41 9 7 24 2	Facility Site EPA I.D. Number MI D 06 41 9 7 24 2

If more than one Transporter is to be utilized, give the Name and EPA I.D. Number of each:

GENERATOR COMPLETES	WASTE INFORMATION	LOT NO.	U.S. D.O.T. Shipping Name (or common name if there is no D.O.T. shipping name).	D.O.T. Hazard Class	U.N./N.A. No.	Haz. Class Code	Container		Form				Total Weight or
							No.	Type	Solid	Liquid	Gas	Sludge	
		1.	FLAMMABLE LIQUID/POISON	FLAMMABLE LIQUID UN1693	03	1	tr		X				XIXI/L
		2.		POISON									
		3.											
		4.											
		5.											
		6.											

Include Safety precautions and special handling instructions.

CHEMICAL PLANT WASTE CONSISTS OF 40-700 ACM, 15-300 and 0-0.10 chloroform

GENERATOR CERTIFICATION: I certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and U.S. EPA. I further certify that the information contained on the manifest is factual. I understand that the failure to accurately report all information requested by the manifest constitutes a violation of 1979 PA64 and/or 1989 PA136. I further understand that this manifest may be used in administrative and court proceedings.

Generator Signature

① *[Signature]*

HAULER'S CERTIFICATION: I certify acceptance of the above identified wastes for transportation. I further certify that I shall deliver the hazardous wastes, together with this manifest, only to the destination specified by the generator on this manifest. I understand that this manifest can be used in administrative and court proceedings.

Transporter Vehicle I.D. No.

No. 1

Subsequent Transporter Vehicle I.D. No.

Transporter Signature

② *[Signature]*

Subsequent transporter(s) signature(s)

③ *[Signature]*

If the shipment cannot be delivered, describe the reasons for non-delivery.

TSDF CERTIFICATION: I certify receipt at this facility of the above identified wastes and that this facility is licensed to accept those wastes. I also certify that the wastes were accompanied by a manifest properly certified by both the generator and hauler and that this facility is the destination indicated on the manifest. I understand that this manifest can be used in administrative and court proceedings.

TSDF Signature

④ *[Signature]*

Facility Site EPA I.D. Number

⑤ *[Signature]*

Describe any significant discrepancies between manifest and shipment.

Was a Surcharge Assessed?

☐ Yes☐ No

ALL SPILLS MUST BE REPORTED TO THE MICHIGAN POLLUTION EMERGENCY ALERTING SYSTEM, IN MICHIGAN AT 800-292-4708 OR OUT-OF-STATE AT 517-373-7860 AND THE NATIONAL 800-424-8802 24 HOURS PER DAY.

GENERATOR 1ST COPY

*Copy to
East Wyandotte
M DNR
9/1/82*

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER FMID064197742	
II. POLLUTANT CHARACTERISTICS		III. NAME OF FACILITY BASF WYANDOTTE CORPORATION		IV. FACILITY CONTACT A. NAME & TITLE (last, first, & title) DIRECTOR, CORP. ENV. PROT. B. PHONE (area code & no.) 201 263 5280	
V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX 1609 BIDDLE AVENUE B. CITY OR TOWN WYANDOTTE C. STATE MI D. ZIP CODE 48192		VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 1609 BIDDLE AVENUE B. COUNTY NAME WAYNE C. CITY OR TOWN WYANDOTTE D. STATE MI E. ZIP CODE 48192 F. COUNTY CODE (if known)		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			X
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			X
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			X
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			X
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			

III. NAME OF FACILITY	
1	SKIP BASF WYANDOTTE CORPORATION

IV. FACILITY CONTACT	
2	DIRECTOR, CORP. ENV. PROT. 201 263 5280

V. FACILITY MAILING ADDRESS	
3	1609 BIDDLE AVENUE
4	WYANDOTTE MI 48192

VI. FACILITY LOCATION	
5	1609 BIDDLE AVENUE
6	WYANDOTTE MI 48192

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	2	8	1	7	2	8	2
(specify) Industrial Inorganic chemicals				(specify) Synthetic resins			
C. THIRD				D. FOURTH			
7	2	8	3	7			
(specify) Medicinal chemicals				(specify)			

VIII. OPERATOR INFORMATION

A. NAME										B. If the name listed in Item VIII-A also the owner?									
B.A.S.F. WYANDOTTE CORPORATION										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box. If "Other" specify.)										D. PHONE (area code & no.)									
FEDERAL STATE PRIVATE P										201 263 3400									
E. STREET OR P.O. BOX																			
P.O. Box 181																			
F. CITY OR TOWN										G. STATE									
Parsippany										N.J.									
H. ZIP CODE										I. INDIAN LAND									
07054										Is the facility located on Indian land? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										C. PSD (Air Emissions from Proposed Sources)									
9 N M I 0 0 0 0 5 4 0										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										M I 0 0 0 0 5 6 6 (specify) NPDES									
C. RCRA (Hazardous Waste)										F. OTHER (specify)									
9 R										M I 0 0 0 1 8 0 5 (specify) NPDES									

XI. MAP

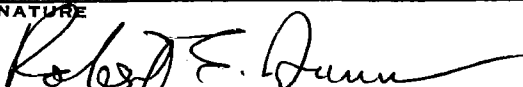
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of industrial inorganic chemicals, synthetic polyether polyol resins, medicinal chemicals; plus research and pilot plant activities supporting those businesses.

All correspondence regarding this application should be addressed to the office of the Director, Corporate Environmental Protection, BASF Wyandotte Corporation, P. O. Box 181, Parsippany, New Jersey 07054

XIII. CERTIFICATION (see instructions)

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
R. E. Dunn, Secretary				6/25/81	

XIV. COMMENTS (For Departmental Use Only)

--	--	--	--	--	--

FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program <small>(This information is required under Section 3005 of RCRA.)</small>	I. EPA I.D. NUMBER																														
			<table border="1" style="width:100%"><tr><td>9</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>T/A</td><td>C</td></tr><tr><td>F</td><td>M</td><td>I</td><td>D</td><td>0</td><td>6</td><td>4</td><td>1</td><td>9</td><td>7</td><td>7</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr></table>	9	8	7	6	5	4	3	2	1	T/A	C	F	M	I	D	0	6	4	1	9	7	7	1	2	3	4	5	6	7	8
9	8	7	6	5	4	3	2	1	T/A	C																							
F	M	I	D	0	6	4	1	9	7	7																							
1	2	3	4	5	6	7	8	9	10	11																							

FOR OFFICIAL USE ONLY		COMMENTS							
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)								
<table border="1" style="width:100%"><tr><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td></tr></table>	23	24	25	26	27	28	29		
23	24	25	26	27	28	29			

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ **1. EXISTING FACILITY** (See instructions for definition of "existing" facility. Complete item below.)
* 1895

YR.	MO.	DAY
* *		
73 74	75 76	77 78

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED
(use the boxes to the left)

☐ **2. NEW FACILITY** (Complete item below.)

YR.	MO.	DAY
73 74	75 76	77 78

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☒ **1. FACILITY HAS INTERIM STATUS**

☐ **2. FACILITY HAS A RCRA PERMIT**

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

UNIT OF MEASURE	CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

Treatment:

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	CODE
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP															
III. PROCESSES - CODES AND DESIGN CAPACITIES															
LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY					FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY					FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)		2. UNIT OF MEASURE (enter code)		1. AMOUNT				2. UNIT OF MEASURE (enter code)					
X-1	S02	200	G						5						
X-2	T03	20	E					6							
1	S01	25,300	G					7							
2	S01	100	Y					8							
3	S02	4,000	G					9							
4	T03	0.1125	D					10							

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE **CODE**
 POUNDS P
 TONS T

METRIC UNIT OF MEASURE **CODE**
 KILOGRAMS K
 METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

S	F	M	I	D	0	6	4	1	9	7	4	4	2	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4	2	1	2	4	6	8	3	0	8	4	7
58	59	60	61	62	63	72	73	74	75	76	77

VIII. FACILITY OWNER
☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.										6. ZIP CODE									
E										F										G										H									

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

R. E. Dunn, Secretary

B. SIGNATURE

Robert E. Dunn

C. DATE SIGNED

6/25/81

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

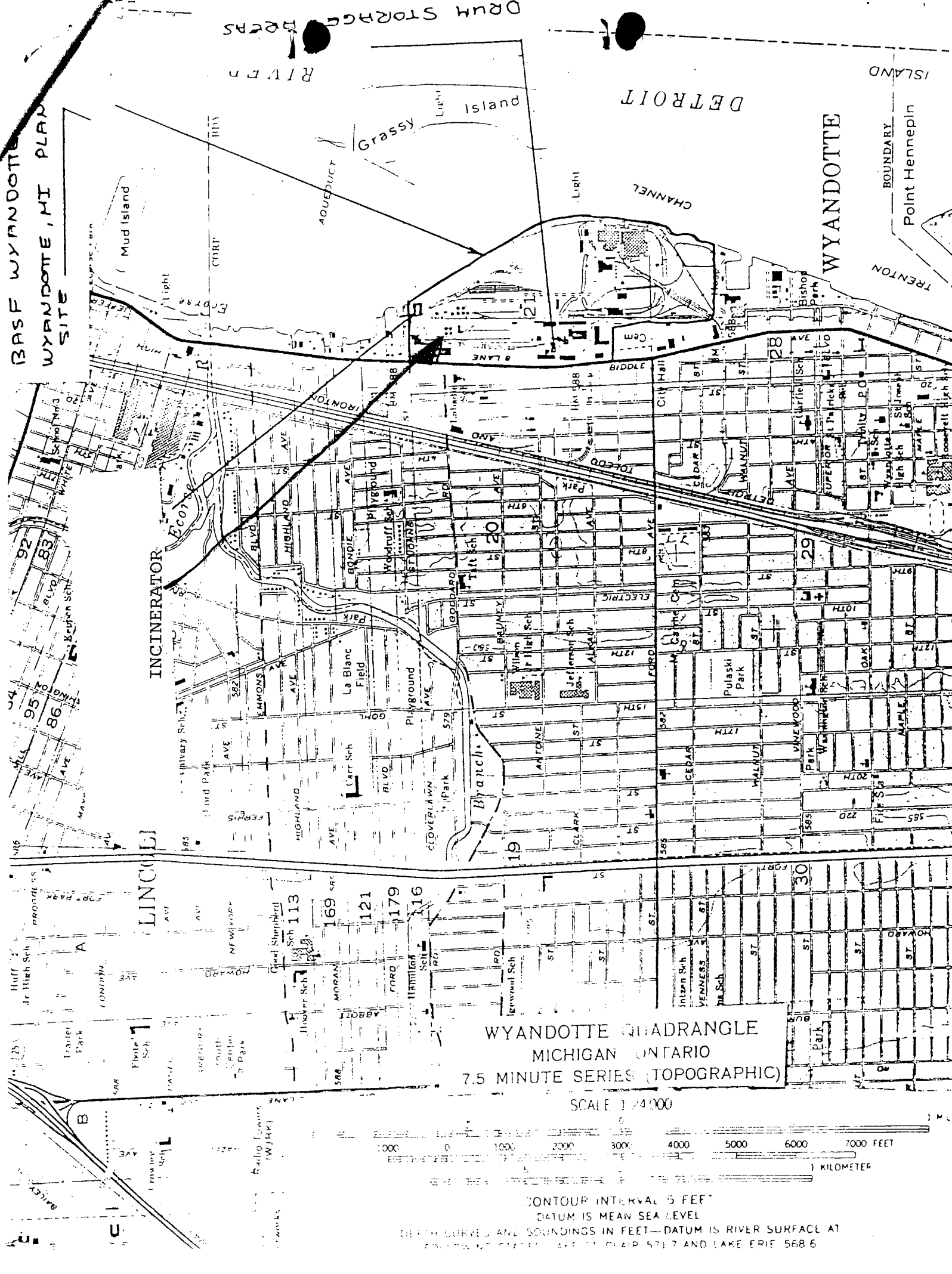
R. E. Dunn, Secretary

B. SIGNATURE

Robert E. Dunn

C. DATE SIGNED

6/25/81



WYANDOTTE QUADRANGLE
MICHIGAN-ONTARIO
7.5 MINUTE SERIES (TOPOGRAPHIC)

SCALE 1:24,000

CONTOUR INTERVAL 5 FEET
DATUM IS MEAN SEA LEVEL
DEPTH CURVES AND SOUNDINGS IN FEET—DATUM IS RIVER SURFACE AT
FOLLOWING STATIONS: LAKE ST. CLAIR 571.7 AND LAKE ERIE 568.6

RECEIVED

JUN 30 1981

**WASTE MANAGEMENT BRANCH
EPA, REGION V**

FORM 1		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)
GENERAL		

I. EPA I.D. NUMBER											
F M I D 0 6 4 1 9 7 7 4 2 3 D											

LABEL ITEMS	
I. EPA I.D. NUMBER	
III. FACILITY NAME	
V. MAILING ADDRESS	
VI. FACILITY LOCATION	

MID064197742

BASF WYANDOTTE CORPORATION
1609 BIDDLE AVE
WYANDOTTE, MI 481921609 BIDDLE AVE
WYANDOTTE, MI 48192

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)				J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			

III. NAME OF FACILITY

1	SKIP	B A S F W Y A N D O T T E C O R P .
---	------	-------------------------------------

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)			
2	D I R E C T O R , C O R P . E N V . P R O T . E R Y , K e i t h			2 0 1	2 6 3	3 4 0 0	

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX					
3	1 6 0 9 B i d d l e A v e .				
B. CITY OR TOWN				C. STATE	D. ZIP CODE
4	W y a n d o t t e			M I	4 8 1 9 2

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER								
5	1 6 0 9 B i d d l e A v e .							
B. COUNTY NAME								
W a y n e								
C. CITY OR TOWN						D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6	W y a n d o t t e					M I	4 8 1 9 2	1 6 3

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND																			
C	7	2	8	1	9	(specify)	Industrial Inorganic chemicals					C	7	2	8	2	1	(specify)	Synthetic resins										
C. THIRD																				D. FOURTH									
C	7	2	8	3	3	(specify)	Medicinal chemicals					C	7					(specify)											

VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in item VIII-A also the owner?												
C	8																																<input type="checkbox"/> YES <input type="checkbox"/> NO									
BASF WYANDOTTE CORP.																																										
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																				D. PHONE (area code & no.)																						
F = FEDERAL										M = PUBLIC (other than federal or state)										(specify)										A 2 0 1 2 6 3 3 4 0 0												
S = STATE										O = OTHER (specify)										P																						
P = PRIVATE																																										
E. STREET OR P.O. BOX																																										
P.O. Box 181																																										
F. CITY OR TOWN																				G. STATE										H. ZIP CODE												
Parsippany																				N.J.										07054												
IX. INDIAN LAND																														Is the facility located on Indian lands?												
																														<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
C	9	N													C	9	P												
MI 0000540															MI 0000566														
B. UIC (Underground Injection of Fluids)																													
C	9	U													C	9	X												
															(specify)														
															NPDES														
C. RCRA (Hazardous Wastes)																													
C	9	R													C	9	X												
															(specify)														
															NPDES														

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9:A/50

XII. NATURE OF BUSINESS (provide a brief description)


Manufacture of industrial inorganic chemicals, synthetic polyether polyol resins, medicinal chemicals; plus research and pilot plant activities supporting those businesses.

All correspondence regarding this application should be addressed to the office of the Director, Corporate Environmental Protection, BASF Wyandotte Corporation, P.O. Box 181, Parsippany, N.J. 07054

F9: A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED														
R.E. Dunn, Secretary																														11/17/80														

COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY																																
C																																

FORM 3 RCRA



U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER
FMID 6419774231

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

12	C										13 14 15												
16 - 18 19												20 - 22 23											
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43 - 45 46												47 - 49 50 51 52											
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403

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY																																																																			
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IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																																																																																
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				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))																																																																				
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IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F	M	I	D	6	4	1	9	7	4	4	2	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

42	12	46
65	65	65

LONGITUDE (degrees, minutes, & seconds)

83	48	47
72	74	75

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

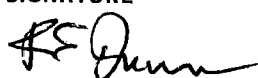
IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

R.E. Dunn, Secretary

B. SIGNATURE



C. DATE SIGNED

11/17/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

R.E. Dunn, Secretary

B. SIGNATURE



C. DATE SIGNED

11/17/80

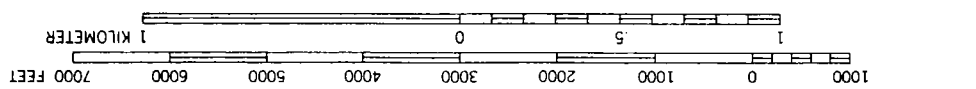
BASF WYANDOTTE CORP.
WYANDOTTE, MI PLANT
SITE

TREATMENT IMPOUNDMENT



WYANDOTTE QUADRANGLE
MICHIGAN-ONTARIO
7.5 MINUTE SERIES (TOPOGRAPHIC)

SCALE 1:24000



CONTOUR INTERVAL 5 FEET
DUM IS MEAN SEA LEVEL
DEPTH CURVES AND SOUNDINGS IN FEET—DUM IS RIVER SURFACE AT
FOLLOWING STAGES: LAKE ST. CLAIR 571.7 AND LAKE ERIE 568.6

1
GENERAL

GENERAL INFORMATION

Consolidated Permits Program
Read the "General Instructions" before starting.)

F M I D 0 6 4 1 9 7 7 4 2 3

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

LABEL ITEMS

I. EPA I.D. NUMBER

MID064197742

III. FACILITY NAME

V. FACILITY

MAILING ADDRESS

BASF WYANDOTTE CORPORATION
1609 BIDDLE AVE
WYANDOTTE, MI 48192VI. FACILITY
LOCATION1609 BIDDLE AVE
WYANDOTTE, MI 48192

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS

MARK 'X'

YES NO FORM ATTACHED

A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)

X

C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)

X

E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)

X

X

G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)

X

I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)

B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)

X

D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)

X

F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)

X

H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)

X

J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)

III. NAME OF FACILITY

1 SKIP BASF WYANDOTTE CORP.

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)

2 DIRECTOR, CORP. ENV. PROT.

B. PHONE (area code & no.)

2 0 1 2 6 3 3 4 0 0

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 1 6 0 9 Biddle Ave.

B. CITY OR TOWN

4 Wyandotte

C. STATE

MI

D. ZIP CODE

4 8 1 9 2

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 1 6 0 9 Biddle Ave.

B. COUNTY NAME

Wayne

C. CITY OR TOWN

6 Wyandotte

D. STATE

MI

E. ZIP CODE

4 8 1 9 2

F. COUNTY CODE (if known)

1 6 3

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7	2	8	1	9	(specify) Industrial Inorganic chemicals	7	2	8	2	1	(specify) Synthetic resins								
C. THIRD										D. FOURTH									
7	2	8	3	3	(specify) Medicinal chemicals	7					(specify)								

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in item VIII-A also the owner?									
BASF WYANDOTTE CORP.															<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)									
F - FEDERAL					M - PUBLIC (other than federal or state)					P - PRIVATE					O - OTHER (specify) P					2 0 1 2 6 3 3 4 0 0				
E. STREET OR P.O. BOX																								
P.O. Box 181																								
F. CITY OR TOWN										G. STATE		H. ZIP CODE			IX. INDIAN LAND									
Parsippany										N.J.		07054			Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
M I 0 0 0 5 4 0										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										M I 0 0 0 0 5 6 6									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R										M I 0 0 0 1 8 0 5									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of industrial inorganic chemicals, synthetic polyether polyol resins, medicinal chemicals; plus research and pilot plant activities supporting those businesses.

All correspondence regarding this application should be addressed to the office of the Director, Corporate Environmental Protection, BASF Wyandotte Corporation, P.O. Box 181, Parsippany, N.J. 07054

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE
R.E. Dunn, Secretary	<i>R.E. Dunn</i>
C. DATE SIGNED	
4/9/81	

COMMENTS FOR OFFICIAL USE ONLY

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APPLICATION APPROVED			DATE RECEIVED (yr., mo., & day)				
23			24	-			25

COMMENTS

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

71 1895

☐ 2. NEW FACILITY (Complete item below.)

**FOR NEW FACILITIES,
PROVIDE THE DATE
(yr., mo., & day) OPERA-
TION BEGAN OR IS
EXPECTED TO BEGIN**

**FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mp., & day)
OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED
(use the boxes to the left)**

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

A. **PROCESS CODE** — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

1. AMOUNT – Enter the amount.

2. **UNIT OF MEASURE** – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	\$01	GALLONS OR LITERS
TANK	\$02	GALLONS OR LITERS
WASTE PILE	\$03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	\$04	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<u>Treatment:</u>		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR

Disposal:

INJECTION WELL, LANDFILL	D79 D80	GALLONS OR LITERS ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION OCEAN DISPOSAL	D81 D82	ACRES OR HECTARES GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)

OTHER (Use for physical, chemical, thermal or biological treatment)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-Feet	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER		A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER		A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
			1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)					1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S	02	600	G		5					
X-2	T	03	20	E		6					
1	S	01	25,300 bbb	G		7					
2	S	01	100	Y		8					
3	S	02	4,000 qqq	G		9					
						10					

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY													
W	M	I	D	6	4	1	9	7	7	4	2	3	1	W	DUP				T	A	C	2	DUP			

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
	23	24	25	26			27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42				
1	F	0	0	3	1600 000	P	S	0	1																	
2	F	0	0	5	1600 000	P	S	0	1																	
3	F	0	0	2	1000 000	P	S	0	1																	
4	U	0	4	4	1000 000	P	S	0	1																	
5	U	2	1	1	1000 000	P	S	0	1																	
6	D	0	0	1	3.5 00	T	S	0	1																	
7	D	0	0	1	2 000	T	S	0	1																	
8	D	0	0	1	500 000	P	S	0	1																	
9	D	0	0	1	500 000	T	S	0	1																	
10	D	0	0	1	500 000	P	S	0	1																	
11	U	0	0	9	500 000	P	S	0	1																	
12	D	0	0	1	2500 000	P	S	0	1																	
13	U	0	3	7	250 000	P	S	0	1																	
14	D	0	0	1	5 000	T	S	0	1																	
15	D	0	0	1	20 000	T	S	0	1																	
16	D	0	0	2	8.5 00	T	S	0	2																	
17																										
18																										
19																										
20																										
21																										
22																										
23																										
24																										
25																										
26																										

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
 POUNDS.....P
 TONS.....T

METRIC UNIT OF MEASURE CODE
 KILOGRAMS.....K
 METRIC TONS.....M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

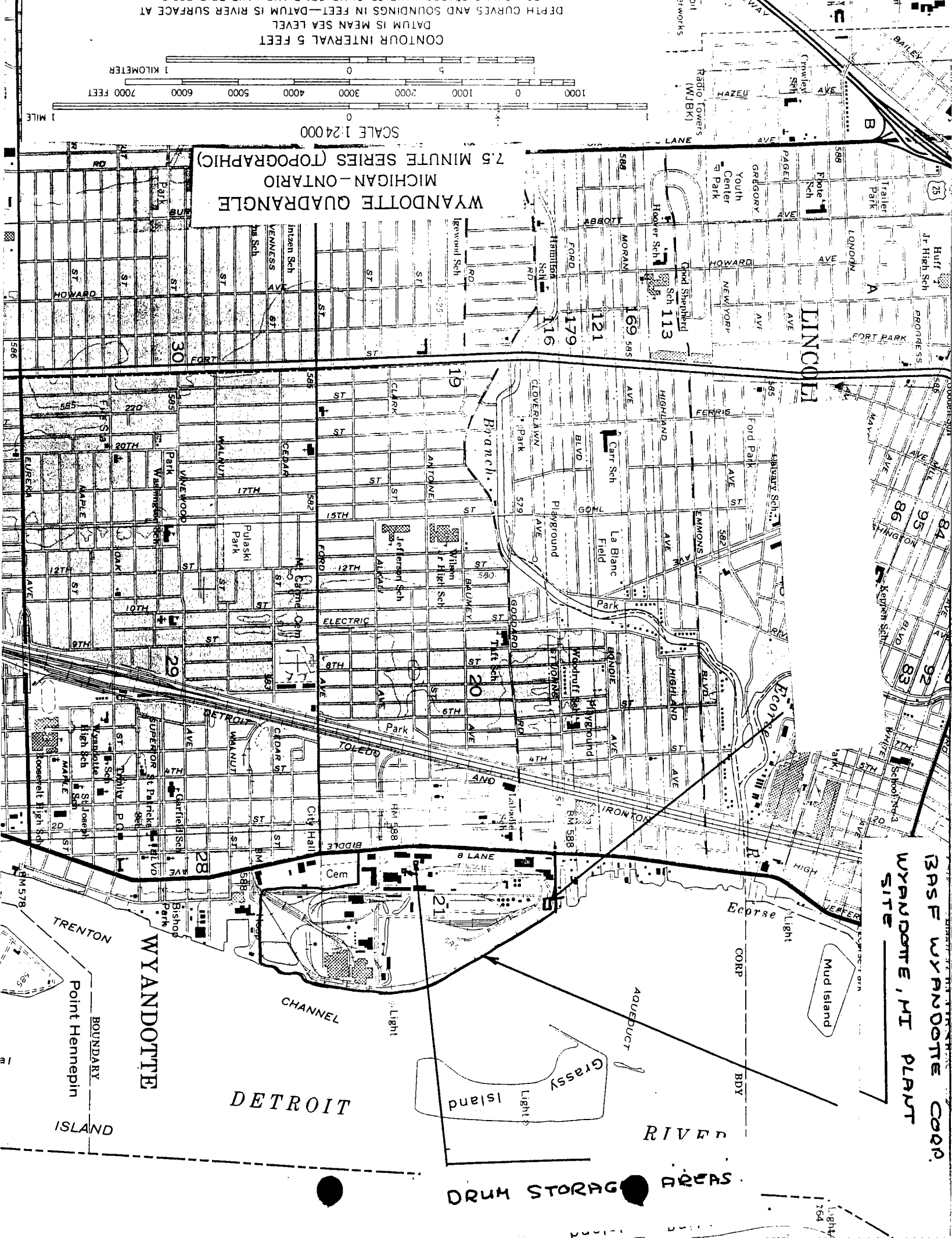
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES							
	1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
X-1	K	0	5	4	900	P	T	0	3	D	8	0		
X-2	D	0	0	2	400	P	T	0	3	D	8	0		
X-3	D	0	0	1	100	P	T	0	3	D	8	0		
X-4	D	0	0	2									included with above	

BRF WYANDOTTE COOP.
WYANDOTTE, MI PLANT
SITE



WYANDOTTE QUADRANGLE
7.5 MINUTE SERIES (TOPOGRAPHIC)
SCALE 1:24,000

DETROIT

DRUM STORAGE AREAS

RIVER

WYANDOTTE

BOUNDARY
Point Hennepin
ISLAND

CHANNEL

Grassy
Island
Light

Mud Island

Ecorse

BDY

CORP

Light

High

White

School

Key

Blvd

86

95

84

92

83

86

95

84

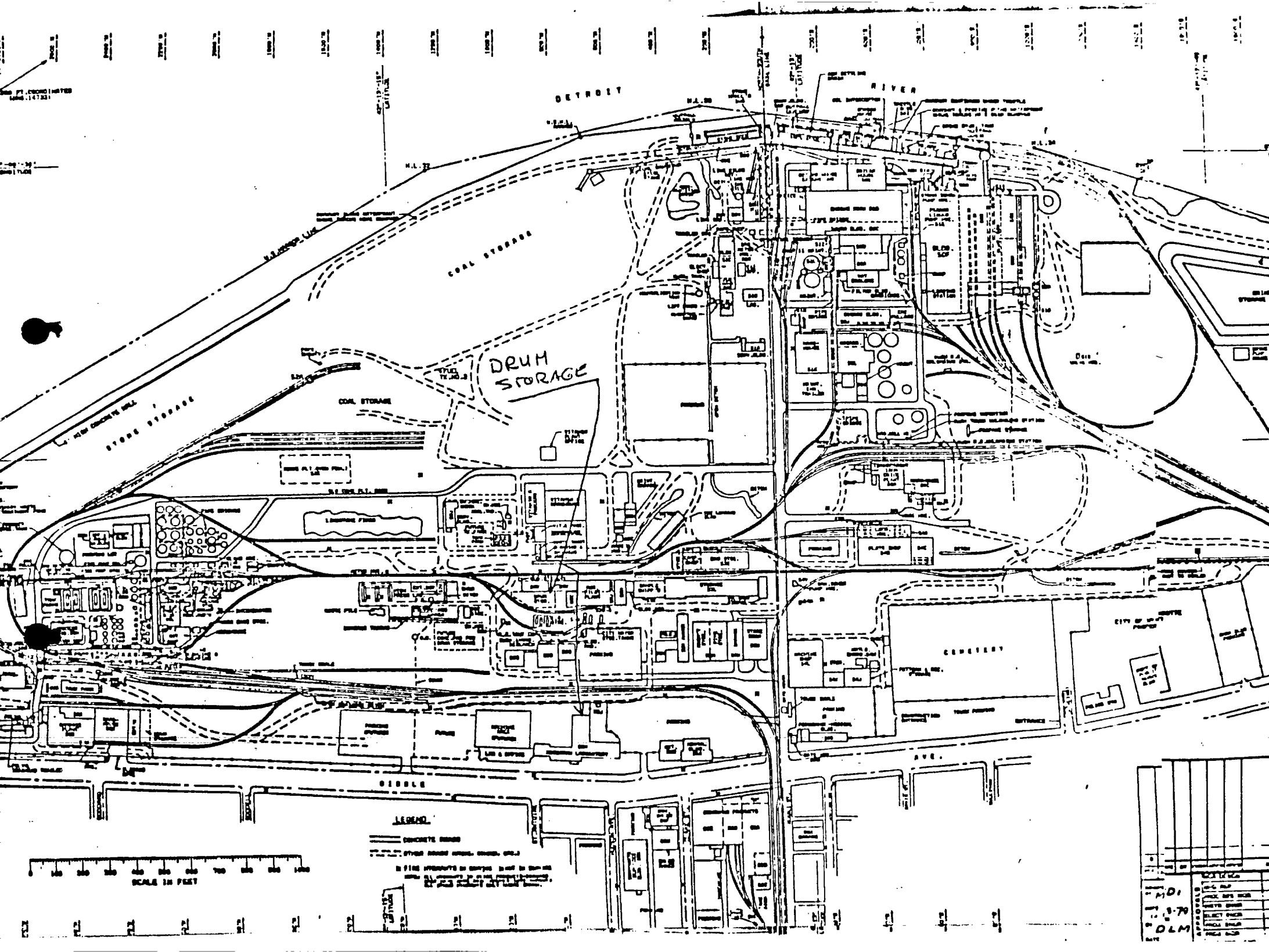
92

83

86

95

84



MAP 17, COORDINATES
14733

14733

DETROIT

RIVER

DRUM
STORAGE

COAL STORAGE

CEMETERY

SCALE IN FEET

LEGEND

CONCRETE ROAD
OTHER ROAD (Paved, Gravel, etc.)

FIRE HYDRANTS IN CEMENT, IRON, OR BRASS

NO. 1	NO. 2	NO. 3	NO. 4	NO. 5	NO. 6	NO. 7	NO. 8	NO. 9	NO. 10
1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100



DRUM
STORAGE

D.# M 1064197742

Facility Name

BASF Wyandotte Corp

ACKNOWLEDGEMENT SENT

Reviewer

E.H. Utley

INTERNAL CHECKLIST

Date Review Started

3-27-81

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING

☐

(2) FORM 3 MISSING

☐

B. POSTMARK after NOVEMBER 19, 1980

☐

Valid

☐

C. (1) DATE of OPERATION MISSING

☐

(2) DATE of OPERATION after NOVEMBER 19, 1980

☐

D. (1) NOTIFIED after AUGUST 18, 1980

☐

Valid

☐

(2) NONNOTIFIER

☐

E. (1) FORM 1, XIII B SIGNATURE MISSING

☐

(2) FORM 3, IX B SIGNATURE MISSING

☐

2. A. TSDF

☐

B. NONREGULATED

☐

C. UNSURE

☐

D. UNKNOWN FACILITY

☐

(missing name and address on Form 3)

E. NEW FACILITY

☐

F. CORE ITEM(S) MISSING

☐

G. NONCORE ITEM(S) MISSING

☐

H. OTHER

☐

RECORD OF
COMMUNICATION

☐ PHONE CALL ☐ DISCUSSION ☐ FIELD TRIP ☐ CONFERENCE
☐ OTHER (SPECIFY)

(Record of item checked above)

TO: Keith Fry
Liz Utley

FROM: Liz Utley
John Gabriel

DATE 8-6-81

TIME 10²⁰
10⁴⁰
am

SUBJECT

Facility I.D.#/Facility Name BASF Wyandotte MID064197742

SUMMARY OF COMMUNICATION

- ① Keith Fry confirmed that the 100 Y³ WAS filtered sludge AND he will get back to me with more details later today - Some of it is in drums - some in tote boxes
- ② The sludge winds up in a dumpster of 20,000 gallons. It is hauled away twice per week hence it does not need storage permit AND is deleted.

The Signator RE DUNN is Corp. Sec. & A RANKING
Officer of the CORPORATION

CONCLUSIONS, ACTION TAKEN OR REQUIRED

INFORMATION COPIES

TO:

BASF Wyandotte Corporation

BASF



100 Cherry Hill Road
P.O. Box 181
Parsippany, N.J. 07054
(201) 263-3400

December 4, 1980

United States Environmental
Protection Agency
Permit Contact (5EP)
230 South Dearborn Street
Chicago, Il. 60604

Registered Mail
Return Receipt Requested
P29 2144570

Ref: RCRA Hazardous Waste Permit; EPA ID#MID064197742

Gentlemen:

On November 18, 1980, a hazardous waste permit application was sent to your office for the BASF Wyandotte Corporation, Wyandotte, Michigan facility. On page 3A of 5 of the EPA hazardous permit application, form #3, the estimated annual quantity of waste on line #1 was omitted. The reason for this is that a new flow meter was recently installed in the process line. It was necessary to operate this device for a period of one month to both calibrate the flow meter and obtain an accurate flow measurement.

Enclosed to be added as part of the application is a revised page 3A of 5, including the estimated annual quantity of waste on line #1. Also enclosed, for identification purposes are copies of page 1 of the general form #1 and page 1 of 5 of the form #3.

Should you have questions, feel free to contact this office.

Very truly yours,

BASF Wyandotte Corporation

Keith Fry
Director
Corp. Environmental Protection

cc: M.A. Wisniewski
H.D. Roush

/jsm

Dec. 5th, 1980

BASF Wyandotte Corporation



100 Cherry Hill Road
P.O. Box 181
Parsippany, N.J. 07054
201/263-0200

August 1, 1980

REGISTERED MAIL

EPA Region V
RCRA Activities
P.O. Box 7861
Chicago, Il. 60680

Gentlemen:

Enclosed is EPA Form 8700-12, Notification of Hazardous Waste Activity as required by the Resource Conservation & Recovery Act.

We have received two notification packages at our facility. The mailing address and EPA I.D. number for the proper corporate name is attached to the notification form. We have also returned the mailing address for the improper facility name: Wyandotte Chemical.

Wyandotte Chemical is the former name of BASF Wyandotte Corporation at 1609 Biddle Ave. in Wyandotte, Michigan. Kindly delete the name Wyandotte Chemical from your files.

Very truly yours,

A handwritten signature in cursive script that reads "William Axce".

William Axce

/jm